### VIRGINIA DEPARTMENT OF HEALTH - OFFICE OF EMERGENCY MEDICAL SERVICES

# BASIC LIFE SUPPORT - PRACTICAL SKILL TEACHING SHEET

# SPINAL IMMOBILIZATION - LYING SPINEBOARD

#### SCENE SIZE-UP

Assess: Need for body substance isolation, Scene safety, Trauma (MOI) or Medical (NOI) nature,

and Number of Patients

### **ASSESSMENT**

Perform initial assessment and appropriate rapid, focused or detailed assessment as indicated.

# **EMERGENCY MEDICAL CARE**

Establish and maintain manual in-line immobilization until the patient is fully secured to the spineboard with head immobilized.

Assess pulse, motor and sensation in all extremities and record findings.

Assess the cervical region and neck; apply proper size cervical immobilization collar.

Position the spineboard, move the patient onto the spineboard by logrolling.

- One EMT-Basic must maintain manual in-line immobilization of the head and spine.
- EMT-Basic at the head directs the movement of the patient.
- One to three other EMT-Basics control the movement of the rest of the body.
- Quickly assess posterior body if not already done in focused history or physical exam.
- Position the long spineboard under the patient.
- Place patient onto the spineboard at the command of the EMT-Basic holding manual in-line immobilization using a proper slide, lift, log roll or scoop stretcher so as to limit movement to a minimum.

Pad voids between the patient and the spineboard.

Immobilize torso and legs to the spineboard.

Immobilize the patient's head to the spineboard ONLY after the torso has been secured.

Reassess pulses, motor and sensation and record findings.

Move spineboard and patient to stretcher.

Secure spineboard and patient to the stretcher.